FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:33

DOCUMENT # 594320 (4)

1. Corporation Name
ALLEN'S AUTO SALES, INC.

Principal Place of Business	Mailing Address
270 S.KROME AVE. HOMESTEAD FL 33030	270 S.KROME AVE. HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/27/1978
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-1863112 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUNNIGAN, JENNIFER A.
18525 SW 293 TERRACE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name: DUNNIGAN, Allen
82 Street Address (P.O. Box Number is Not Acceptable): 270 S Krome Ave
83
84 City: Homestead FL 85 Zip Code: 33

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Allen Dunnigan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	DUNNIGAN, ALLEN	1.2 NAME	
STREET ADDRESS	18525 SW 293 TERRACE	1.3 STREET ADDRESS	270 S.Krome Ave
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE	~~STD~~	2.1 TITLE	☒ Change ☐ Addition
NAME	~~DUNNIGAN, JENNIFER~~	2.2 NAME	Delete
STREET ADDRESS	~~18525 SW 293 TERRACE~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~HOMESTEAD FL~~	2.4 CITY-ST-ZIP	
TITLE	~~VD~~	3.1 TITLE	☒ Change ☐ Addition
NAME	~~RAPOZO, GILES C.~~	3.2 NAME	Delete
STREET ADDRESS	~~1104 NW 6TH AVE.~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~HOMESTEAD FL~~	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allen E Dunnigan 1-19-95 305-248-9411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000903 CP